



**Child Nutrition**  
**Maine Department of Education**



# Determining Student Eligibility For Meal Benefits

# Resources

- ▶ USDA's Eligibility Manual for School Meals 2017-2018\*
- ▶ Current year Income Guidelines
- ▶ Quick Reference Guide

<https://www.maine.gov/doe/schools/nutrition>

- ▶ Select “Student Eligibility & Applications”
  - ▶ Free and Reduced Price Applications
  - ▶ Income Guidelines
  - ▶ Federal Meal Reimbursement Rates and Eligibility Guidelines
  - ▶ Quick Reference Guide
  
- ▶ Verification



# Documentation

In order to claim Federal reimbursement for Free/Reduced student meals, you must have proper documentation of student eligibility.

What's proper documentation?

# Determining Eligibility

## Free and Reduced-Price Meal Application

- Income
- Categorical (SNAP/TANF, foster)

## Direct Certification List

## Migrant/Homeless/Head Start List

# Free and reduced-Price meal benefit applications

# SY 2022 FREE AND REDUCED PRICE SCHOOL MEAL HOUSEHOLD APPLICATION

F R D  
□ EP

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: web address

**Step 1: STUDENT INFORMATION:** List all students living in the household

Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Step 2: BENEFITS** Do any members of your household (including you) receive SNAP, TANF or FDIPIR assistance? ☐ Y / ☐ N  
If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.

Name: \_\_\_\_\_ ☐ SNAP or TANF Number Letter

**Step 3: INCOME** List all Household Members. Include yourself & students listed above. List gross income for each person.

Names	Gross Income (before deductions)														
Household Member	Earnings from Work before deductions					Welfare, Child Support, Alimony received					Pensions, Retirement, Social Security & All Other Income				
		Weekly	Every 2 weeks	2 times/month	Monthly		Weekly	Every 2 weeks	2 times/month	Monthly		Weekly	Every 2 weeks	2 times/month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Step 4: Required - Adult signature and last four digits of social security number**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_ ☐ I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**\* FOR SCHOOL USE ONLY \***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Categorically eligible free: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Verification purposes only - Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Free and Reduced Price Applications

- ▶ Current year application must be available to all households
- ▶ Only 1 application per household needs to be submitted
- ▶ Families cannot be required to complete an application
- ▶ USDA has translated applications available

# Letter to Households

- ▶ Distributed at the start of each school year
- ▶ Letter should include:
  - ▶ What School Nutrition Programs are available
  - ▶ F/R/P price
  - ▶ apply/reapply at any time



# Carryover of Eligibility

- Eligibility status from the previous school year remains in effect for up to 30 operating days, or until new documentation is received, whichever comes first.
- New eligibility supersedes carryover eligibility.



# Processing Free and Reduced-Price Meal Applications

- ▶ Applications should be processed, and families notified about the results as soon as possible, but no later than 10 calendar days after being received
- ▶ Eligibility becomes effective when the application is received
  - ▶ Date stamp and initial upon receipt

# 2022 FREE AND REDUCED PRICE SCHOOL MEAL HOUSEHOLD APPLICATION

application per household for all children. A household is a person(s) living together that shares income even if not related. You may also apply online at: [web address](#)

STUDENT INFORMATION: List all students living in the household

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Student First Name	School	Foster Child	Homeless/Migrant
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student Name	Student First Name	School	Foster Child	Homeless/Migrant
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student Name	Student First Name	School	Foster Child	Homeless/Migrant
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student Name	Student First Name	School	Foster Child	Homeless/Migrant

BENEFITS Do any members of your household (including you) receive SNAP, TANF or FDPIR assistance? ☐ Y ☐ N  
 If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.  
 Name: \_\_\_\_\_  
 SNAP or TANF Number \_\_\_\_\_

STEP 3: INCOME List all Household Members. Include yourself & students listed above. List gross income for each person

Names	Gross Income (before deductions)											
	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Welfare, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly
Household Member												
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>

## Step 4: Required - Adult signature and last four digits of social security number

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connect Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may be prosecuted under applicable State and Federal laws.

Signature of Adult: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_ ☐

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

### \* FOR SCHOOL USE ONLY \*

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Categorically eligible free

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Verification purposes only - Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Processing Free and Reduced-Price Meal Applications

All applications are taken at face value!

Two ways to process apps:

- Categorical
- Income

# Categorical Eligibility

Student/Household Receives Benefits from an Assistance Program:

- ▶ SNAP/TANF
  - ▶ Directly Certified
- Eligibility is extended to the entire household.

Other Source Categorical

- ▶ Head Start
  - ▶ Migrant
  - ▶ Homeless
  - ▶ Foster Children
- Eligibility is NOT extended to the entire household.

# Homeless/Migrant

- ▶ If an application has homeless/migrant checked
  - ▶ Must be further validated
  - ▶ Homeless Coordinator-District level
  - ▶ <https://www.maine.gov/doe/schools/safeschools/counseling/highmobility/homelessed>
  - ▶ Migrant Coordinator at the State of Maine
    - ▶ Amelia.lyons@maine.gov
- ▶ Can be listed on the DC list.

# Foster Children

- ▶ Member of the household where they reside
- ▶ Eligible for Free meals regardless of income
- ▶ Their benefit is not extended to other members
- ▶ Other members in household approved based on household information

# Free and Reduced Price Applications: Categorical Eligibility

F R D  
EP

## SY 2022 FREE AND REDUCED PRICE SCHOOL MEAL HOUSEHOLD APPLICATION

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: [\[web address\]](#)

**Step 1: STUDENT INFORMATION:** List all students living in the household

_____ Student Last Name	_____ Student First Name	_____ School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
_____ Student Last Name	_____ Student First Name	_____ School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
_____ Student Last Name	_____ Student First Name	_____ School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
_____ Student Last Name	_____ Student First Name	_____ School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>

**Step 2: BENEFITS** Do any members of your household (including you) receive SNAP, TANF or FDIIR assistance? ☐ Y / ☐ N

If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.

Name: \_\_\_\_\_

\_\_\_\_\_  
SNAP or TANF Number      Letter

# Free and Reduced Price Applications: Categorical Eligibility

Acceptable:

8 numbers & a  
letter

Unacceptable

- MaineCare
- EBT numbers
- Any number that does not fit the space provided!
- Statement from parent

F R D  
□ EP

**SY 2022 FREE AND REDUCED PRICE SCHOOL MEAL HOUSEHOLD APPLICATION**

---

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: [\[web address\]](#)

---

**Step 1: STUDENT INFORMATION:** List all students living in the household

Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			<input type="checkbox"/>	<input type="checkbox"/>

**Step 2: BENEFITS** Do any members of your household (including you) receive SNAP, TANF or FDPIR assistance? ☐ Y / ☐ N  
If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.

Name: \_\_\_\_\_ ☐  
SNAP or TANF Number Letter



# Free and Reduced Price Applications: Categorical Eligibility

**Step 3: INCOME** List ALL Household Members including students listed above and total gross income (before deductions).

Names	Gross Income													
Household Member	Earning Weekly	Every week	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$						<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$						<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Only exception  
is a foster child  
with other  
siblings*

# Free and Reduced Price Applications: Categorical Eligibility

## Step 4: Required - Adult signature and last four digits of social security number

*I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

Signature of Adult: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_ ☐ I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

# Free and Reduced Price Applications: Income

F R D  
□ EP

**SY 2021 FREE AND REDUCED PRICE SCHOOL MEAL HOUSEHOLD APPLICATION**

---

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: [web address](#)

---

**Step 1: STUDENT INFORMATION:** List all students living in the household

Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name	Student First Name	School	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>

**Step 2: BENEFITS** Do any members of your household (including you) receive SNAP, TANF or FDPIR assistance? ☐ Y / ☐ N  
If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.

Name: \_\_\_\_\_

\_\_\_\_\_  
SNAP or TANF Number      Letter

# Free and Reduced Price Applications: Income

Step 3: INCOME List ALL Household Members including students listed above and total gross income (before deductions).

Names  Household Member	Gross Income														
	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Welfare, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Names of ALL household members
- Income from all sources and frequency

# Free and Reduced Price Applications: Income with Multiple Frequencies

*Weekly X 52= Annual \$*

*Every Two Weeks X 26= Annual \$*

*Twice a Month X 24= Annual \$*

*Total Annual Income*

- Compare to income guidelines for ANNUAL income for the household size
  - Do NOT round
  - Do NOT convert back to monthly income

No conversion is required when one source of income is listed

OR

All income sources are the same frequency

2021-2022 INCOME GUIDELINES												
	FREE						REDUCED					
Household Size	Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly		Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly	
1	16,744	1,396	698	644	322	1	23,828	1,986	993	917	459	1
2	22,646	1,888	944	871	436	2	32,227	2,686	1,343	1,240	620	2
3	28,548	2,379	1,190	1,098	549	3	40,626	3,386	1,693	1,563	782	3
4	34,450	2,871	1,436	1,325	663	4	49,025	4,086	2,043	1,886	943	4
5	40,352	3,363	1,682	1,552	776	5	57,424	4,786	2,393	2,209	1,105	5
6	46,254	3,855	1,928	1,779	890	6	65,823	5,486	2,743	2,532	1,266	6
7	52,156	4,347	2,174	2,006	1,003	7	74,222	6,186	3,093	2,855	1,428	7
8	58,058	4,839	2,420	2,233	1,117	8	82,621	6,886	3,443	3,178	1,589	8
Additional	5,902	492	246	227	114		8,399	700	350	324	162	

# Income Guidelines

# Free and Reduced Price Applications

## Step 4: Required - Adult signature and last four digits of social security number

*I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

Signature of Adult: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_ ☐ I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_



# Free and Reduced Price Applications

## 4. OTHER BENEFITS – You do not have to complete this part to get free or reduced price school meals.

**Health Insurance** ☐ Yes, I want Maine Care health care coverage information for my child. School officials may give my name and address to the Department of Health & Human Services so that they can send me information about Maine Care low-cost or free health care coverage for my child. (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health care coverage.)

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child.  
I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child for whom application is being made.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



# Free and Reduced Price Applications

---

**5. CHILDREN'S ETHNIC and RACIAL IDENTITIES:** Optional. You are **not required** to answer this question.

Mark one ethnic identity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Mark one or more racial identities:

- |  |  |
|--|--|
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> American Indian or Alaska Native          |
| <input type="checkbox"/> White                     | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other                                     |

---

Must be on every application  
Optional for households to fill out

# Free and Reduced Price Applications

## Approval / Denial by the SFA

---

**\* FOR SCHOOL USE ONLY \***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ Free\_\_\_ Reduced\_\_\_ Denied\_\_\_ Categorically eligible free: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

# Signatures-Who is Who

- ▶ Approving Official? John Smith
  - ▶ Hearing Official? Betty Jones
  - ▶ Application Confirming Official? Harvey Bixby
  - ▶ Verification Official? John Smith
- 
- ▶ 3 Different Individuals

# Summary: A Complete Application

## Income Applications

- Names of all household members
- Gross pay
- Pay frequency
- Adult signature
- Last four of SSN or indication of none

## Categorical Applications

- Names of all children in the household
- SNAP/TANF # (correct format)
- Indication of Foster
- Adult signature

\*If homeless is indicated you must still follow up with your homeless liaison for verification.

# Transfer Students

Student moves halfway through the year and you receive a copy of their application from the sending school

Make sure to reapprove and sign!

Homeless, migrant,  
head start

# Determining Eligibility: Homeless/Migrant/Head Start

- ▶ Application not required
  - ▶ Household may indicate on application
- ▶ A student identified by the:
  - ▶ District homeless liaison
  - ▶ Migrant Coordinator
  - ▶ Head Start Coordinator
- ▶ Categorically eligible for Free meals

# Direct certification



# Direct Certification

- ▶ Assistance Programs  Free School Meals
- ▶ Automatically eligible for free meals
- ▶ Extended to entire household
- ▶ Families must be notified



# Direct Certification

- ▶ Takes precedence over an application.
- ▶ Eligible for FREE meals for the entire school year.

# Direct Certification

- ▶ List is accessed in NEO
- ▶ List must be checked at least 3x each school year:
  1. Start of school
  2. October-November
  3. January-March
- ▶ Indicate you 'reviewed' the list

**SAVE A COPY**

# DC List

Date Added	Student ID	Student Name	BirthDate	Case Head Name	DHS Case ID	DHS Town Name	SNAP/TANF	Enrollment Start	Enrollment End
7/7/2020	130019498	SMITH, JOSEPH	4/5/2003	SMITH, HELEN	80376133A	Machias	F	9/3/2019	6/4/2020
7/7/2020	130019465	ALLEN, HARVEY	4/27/2016	ALLEN, ZACH	15885093A	Machias	H	9/3/2019	6/4/2020
7/7/2020	150019654	ZAZUCUS, ZOE	10/30/2013	ZAZUCUS, ABBY	04583373A	Machias	S	9/3/2019	6/4/2020

Export to Excel

Date Added

Student ID

Student Name

[Individual Student Search](#)

You must select the button below to certify the list has been reviewed as required by Federal Regulations.

Reviewed

# Administrative Approval

- ▶ If a household fails to apply and the child is known to be eligible, local officials may complete an application on behalf of the child.
  - ▶ Application should be based on best known household size and income information
  - ▶ **LIMITED USE**
  - ▶ Excluded from verification
- ▶ **Household must be notified**

# Changes in Benefits

Applications can be submitted throughout the year. Not required if change in income.

Changes must take place:

- ▶ Within 3 days for an increase in benefits

(ex: Paid to Reduced)

- ▶ In 10 days for a decrease in benefits

(ex: Free to Paid)

# Notification of Eligibility

## NOTIFICATION OF ELIGIBILITY

DATE: \_\_\_\_\_

Dear Parent or Guardian:

Your application for free or reduced price meals for your ~~child~~(~~ren~~) has been:

1. Approved for applicable programs listed below (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Free Lunches  | <input type="checkbox"/> Reduced price lunches at \$ _____ per meal              |
| <input type="checkbox"/> Free Breakfasts   | <input type="checkbox"/> Reduced price breakfast at \$ _____ per meal            |
| <input type="checkbox"/> Free After School Snacks                                    | <input type="checkbox"/> Reduced price After School Snacks at \$ _____ per snack |
| <input type="checkbox"/> Free Milk for K and Pre-K, if meals are unavailable to them |  |

2. Denied because:

- ☐ Household income is over the amount allowable.
- ☐ The application is missing \_\_\_\_\_.
- ☐ Other \_\_\_\_\_.

You may appeal this decision by writing the Hearing Official, who is \_\_\_\_\_ at this address \_\_\_\_\_ or calling him/her at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Approving Officer

Name: \_\_\_\_\_

Street/RFD/P.O. Box: \_\_\_\_\_

City/Town: \_\_\_\_\_, ME (ZIP) \_\_\_\_\_

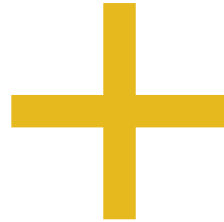
**2013-2014 School Year Income Guidelines For Reduced Price Meals**

REDUCED INCOME

# Duration of Eligibility



Eligibility is good for the  
entire school year



AND



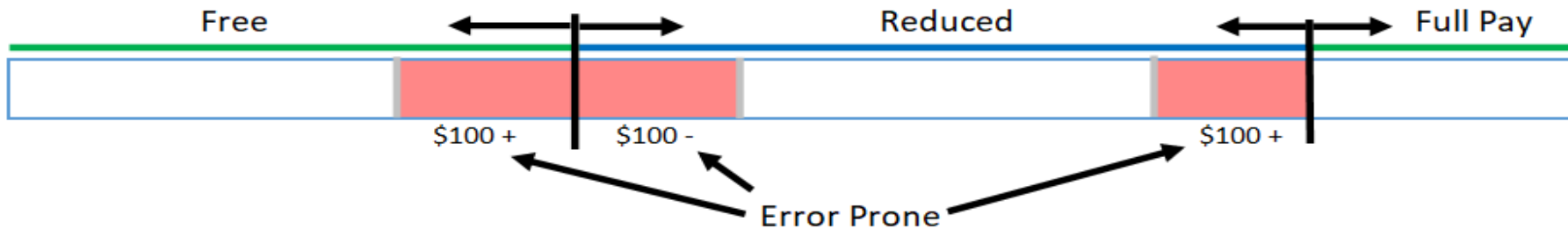
the first 30 *operating days*  
of the next school year



# Labeling/Storing for Verification

- ▶ Error Prone

- ▶ \$100 dollars above/below free monthly guidelines OR \$100 dollars below monthly reduced guidelines



- ▶ Directly Certified
- ▶ SNAP/TANF Numbers
- ▶ Migrant, homeless, etc.

# Benefit Issuance List or “Master List”

List of students eligible for free and reduced-price meals

- ▶ Updated/revised as changes occur
- ▶ History of eligibility for the school year
- ▶ Documentation to support the monthly claim
- ▶ Confidential

# Benefit Issuance List or “Master List”

List should contain:

- ▶ Student first and last name
- ▶ Benefit status (free/reduced/paid)
- ▶ Date status was determined
- ▶ Method of determination (DC/categorically eligible/application)
- ▶ School name
- ▶ Changes

# Point of Service Document

- ▶ Used at the Point of Service (POS)
- ▶ List should contain:
  - ▶ Student's first and last name
  - ▶ Code for current Benefit status (free/reduced)
  - ▶ School name
- ▶ Electronic or Manual (paper list)

# Common Errors: Applications

Incorrect SNAP/TANF  
number

Not following up with  
incomplete applications

Math Errors

- Annual income if income reported in various forms
- Data entry into electronic systems

Sign and date!

- Electronic vs Paper

# Common Errors: Direct Certification

- ▶ Check at least 3x year
- ▶ Manual search matches must be printed or saved
- ▶ Increase DC numbers by searching applications with TANF/SNAP#
- ▶ Must send a letter to DC households notifying them of their benefits
- ▶ SAVE ALL DC LISTS (electronic or paper)

# Common Errors: Master List

- ✓ Make sure the Master List in the office matches the check list used during meal service
  - After eligibility changes

# Confidentiality

Eligibility information is CONFIDENTIAL.



**CONFIDENTIAL**



# Confidentiality

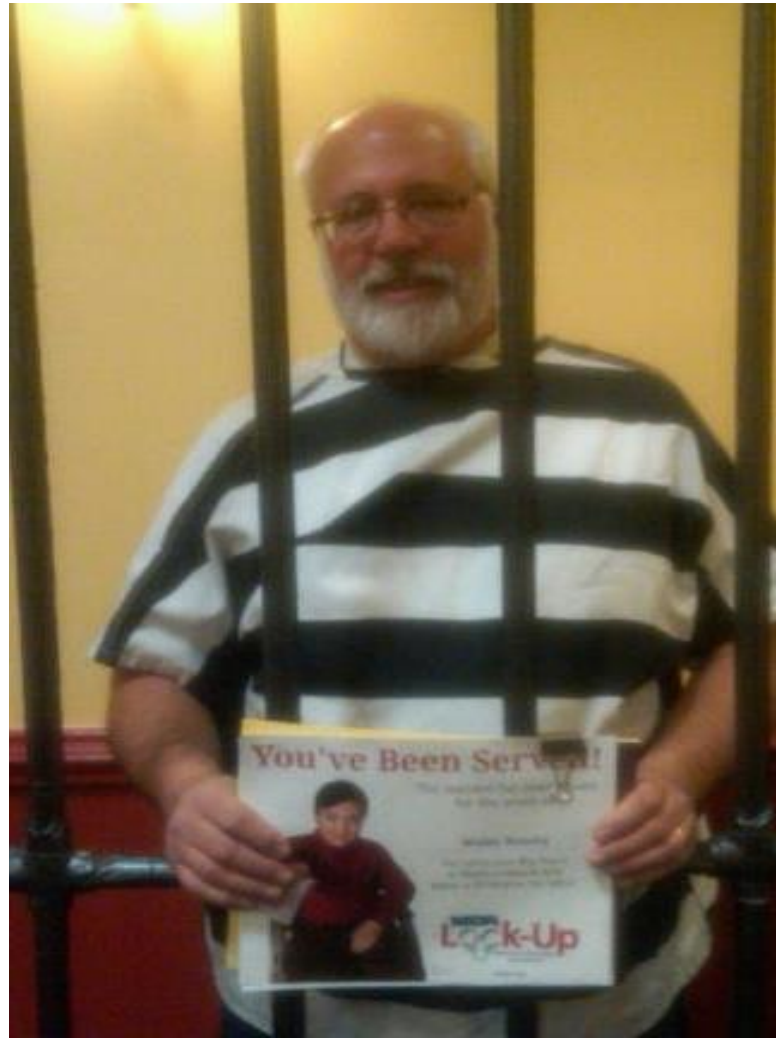
- ▶ May share aggregate data
- ▶ Eligibility information may not be shared without written parental permission
- ▶ May share with another Child Nutrition Program
  - ▶ Disclosure Chart in Eligibility Manual

# Confidentiality

- ▶ Parental permission
- ▶ Signed document indicating what programs they allow to have the data
- ▶ Person who receives the data
  - ▶ No: Guidance Counselors
  - ▶ Yes: Director of Guidance Counselors

# Don't End Up Like This Guy

Penalty for disclosure



## Federal

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

## State

This institution is an equal opportunity provider. In accordance with State law this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, sexual orientation or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write Maine Department of Education, Civil Rights Officer, 23 State House Station, Augusta, ME. 04333, or call (207)624-6875. Maine is an equal opportunity provider and employer.

# Questions?

